

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

153

Registered No.

620

1. PLACE OF BIRTH

County

Gila

State

ARIZONA

District or Township

or Village

City

GILBERT, ARIZONA

No.

824 Line Apt (Rear)

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number).
If child is not yet named, make supplemental report, as directed.

2. Full name of child

Luis Rodriguez

3. Sex of Child

To be answered ONLY
in event of plural
births.

male

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth

Nov 18 1930
Month Day Year

8.

FATHER

Full name

Mannuel Rodriguez

9. Residence

(Usual place of abode)

MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday

23

(Years)

12. Birthplace (city or place)

(State or country)

Clifton

Arizona

13. Occupation

mill man

Nature of Industry

Copper mine

14.

MOTHER

Full maiden name

Mercedes Martinez

15. Residence

(Usual place of abode)

MIAMI, ARIZONA

If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday

20

(Years)

18. Birthplace (city or place)

(State or country)

Tucson

Arizona

19. Occupation

Housewife

Nature of Industry

20. Number of children of this mother

2

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was

alive
(Born alive or stillborn)

at 2:55 P. m. on the date above stated.

Signature

F. F. Miller

F. F. MILLER, M.D.

(Physician or midwife.)

MIAMI, ARIZONA

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from
a supplemental report

Month, day, year

Address

Registrar

Filed 11/15/30

G. E. Irving

Registrar

399-1118-1149